

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	JIMMIE LEWIS		COURT CASE NUMBER	CA 06-778 GMS
DEFENDANT	DR. CANNULLI		TYPE OF PROCESS	O/C
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	DR. CANNULLI			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	D.C.C 1181 PADDOCK RD, SMYRNA, DEL 19977			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	1
JIMMIE LEWIS, SBI # 506622 D.C.C			Number of parties to be served in this case	13
1181 PADDOCK RD SMYRNA, DEL 19977			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

PSYCHIATRIST AT D.C.C

INFORMA PAUPERIS 8 TO 4

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

N/A

4/27/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____	BF	7-18-07

I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Mallory Watson, Admin Assistant, MEDICAL UNIT

Address (complete only if different than shown above)

SAME

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

11-20-07

4:00

pm

Signature of U.S. Marshal or Deputy

R. J. C. USM

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

94:6 WA 92 AON 1002

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE